

Welcome to Toddler 1 at TLC Brookside 2022-2023



Dear Parents,

Welcome to the Toddler 1 at TLC!

Here at TLC Day Care our goal is to provide a positive learning environment for your child that enhances his or her level of development.

Through play experiences and the guidance of specially trained staff, your child will be exposed to situations that will stimulate:

- Curiosity, initiative, and independence
- Self- esteem and decision-making capabilities
- Interaction with and respect for others
- Physical activity that develops gross-motor skills
- Communication skills
- Fine-motor development

We believe that children learn through play. Therefore, we encourage the children to explore, create, and share the creations they have made with their imaginations. Discovery centers are play areas that have various materials such as blocks, dramatic play, trains, cars, music and art. The children have the freedom to choose centers throughout the day.

All of our teachers are well-trained, qualified, and love what they do! This year your child's teachers are:

Miss Rachel 516-644-3450 Miss Genesis

Please take a few moments to familiarize yourself with our website at **www.tlcmerrick.com**. There you will find our policies, important forms, calendars, menus and other important information.

If you have any questions, please do not hesitate to contact me either by text or email at 516-659-2247 or **tlcmerrick@verizon.net**.

Sincerely,

Francina Cerrone

Director/Owner TLC Day Care



What a Day Looks Like in the Toddler 1 Room

7:30-8:45 Breakfast 9:00 Diaper Change/ Potty Time 9:30-10:15 Outdoor Play (Weather Permitting) 10:30-11:00 Snack 11:00 Diaper Change/ Potty Time 11:15-12:00 Circle Time (Arts and Crafts, Music, Reading) 12:00-12:30 Lunch Time, Diaper Change

12:30-3:00 Naptime

(Quiet Time for Those Who do not Nap)

3:15-4:00 Outdoor Play (Weather Permitting)

4:00-6:00 Free Play



Brookside Toddler 1 Supply List

| 2- Changes of Clothes including Socks |
|---|
| 2- Mattress-Sized Crib Sheets (Please do not send Pack-n-Play Size) |
| 2- Blankets |
| 1- Sleeve of Diapers |
| 2- Packages of Wipes |
| Diaper Ointment- please complete the Non-Medication Consent |
| Form located at www.tlcmerrick.com/forms |
| Pacifiers if Needed |
| 2-Labeled Sippy Cups |
| If your child drinks milk, please bring in an additional cup |
| 2- Boxes of Tissues (to be shared with class and may need to be |
| replenished throughout the year) |
| 1- Box of Crayola Jumbo Crayons |
| 1- Family Photo |
| 1- Individual Photo |
| Snacks (TLC provides snacks but babies can be picky) |
| |
| **Please Label EVERYTHING with your child's first and last name. |
| Please have food items dated and labeled. TLC is a nut-free facility. |



Get to Know Me

| Child's Name: | Birthdate: | | | | | |
|-----------------------------------|-----------------------------------|--|--|--|--|--|
| Favorite Color: | | | | | | |
| Family | | | | | | |
| Name of Brothers and Sisters | Birthdate of Brothers and Sisters | | | | | |
| | | | | | | |
| | | | | | | |
| Name of Others Living in the Home | Relationship to Child | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Any Pets? Yes No | | | | | | |
| If yes, what are their names? | | | | | | |



Social and Emotional Development

| Child's Name: |
|---|
| Does your child separate easily from you? Yes No |
| Comments: |
| |
| Is your child afraid of anything? Yes No |
| Comments: |
| |
| Does your child have a favorite toy, blanket, or soother? Yes No |
| Comments |
| Please provide any other information that will be helpful in better |

Please provide any other information that will be helpful in better understanding and caring for your child.



Mealtime

We provide breakfast, morning snack., lunch, and afternoon snack; however, we ask that you please send in a few non-perishable snacks in case your child refuses what we are serving. Please label and date any food you send into school. Also, please note TLC is a nut-free facility.

| Child's Name: |
|---|
| Describe your child's appetite (food likes and dislikes): |
| |
| Does your child feed him/herself? Yes No |
| Please list any food allergies/sensitivities: |
| |
| |

In Toddler 1, it is important, but not mandatory that your child adapts to our daily routine. If you have any concerns, please do not hesitate to contact Miss Rachel or Francina. Thank you!



TLC Daycare Napping Plan for Infants Over 1 Year

| Today's Date | | | | | | | |
|---|--|--|--|--|--|--|--|
| Date of Birth | | | | | | | |
| How many hours does your child nap during the day? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| r? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| a Mat In a Pack-N-Play | | | | | | | |
| All Sheets and Blankets MUST be labeled with your child's first and last name and will be | | | | | | | |
| sent home every Friday for cleaning. | | | | | | | |
| made to this plan for my child. | | | | | | | |
| | | | | | | | |

According to regulations, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include the area of the program where children will nap; whether the child will nap in a crib, cot or mat; how napping child is supervised, consistent with the requirements of OCFS.



TLC Daycare Feeding Plan for Infants Over 1 Year

| | | | | Today's Date | | | |
|------------------------|---------------------|------------------|-------------|-----------------|--|--|--|
| Child's Name | | | | _ Date of Birth | | | |
| My child is usin | g a (Circle One) | Bottle | Cup | Both | | | |
| My child has (P | lease Circle) | Breast Milk | Formu | ula Milk | | | |
| For formula: Ty | pe of formula - | | | | | | |
| For milk: Type of | of milk ——— | | | | | | |
| For milk: Type of milk | | | | | | | |
| Comments: | | | | | | | |
| Meal | Time | Foc | d/Drinks | | | | |
| Breakfast | | | | | | | |
| Snack | | | | | | | |
| Lunch | | | | | | | |
| Snack | | | | | | | |
| Comments: | | | | | | | |
| ALLERGIES: Ple | ease list any dieta | ry instructions, | restrictior | ns: | | | |

All cups, bottles, and utensils must be labeled with your child's first and last name. Powdered formula must be mixed at home and ready to use. Please label all formula, milk, and juice with your child's name and the date.

I will inform TLC if there are any changes that need to be made to this plan for my child.

Parent Signature